



MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: () _____ Evening Phone: () _____

Email _____
(important to reduce mailing cost)

Please select your preferred form of meeting notification:

Telephone E-mail Postal Mail

Fields of Interest

- Sponsorship/Donation
- Hospitality Committee
- Graphic Design/Art
- Finance and Budget
- Membership Committee
- Telephone Committee
- Special Events
- Grant Proposal Writing
- Computer Skills
- Writing
- Leadership / Committee Chair
- Research
- Picnic Committee
- Legal Council
- Beautification
- Fundraising
- Photography
- Board of Directors

Membership Dues

\$10 Individual/Family
\$25 Business

Applicant must be at least 21 years of age and a resident of the City of Renton or accepted by a vote of the Board.

Please return this application form along with your membership fee to
TERRY PERSSON, HCA President
PO Box 2041, Renton, WA 98056

<http://HighlandsCommunityAssociation.com> Telno 206-339-8210

Date Received: _____ Paid: Yes / No Check # _____ or Cash _____
Amount: _____ Membership #: _____